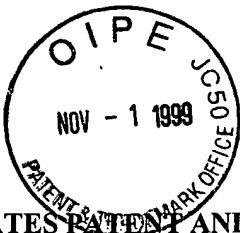


Practitioner's Docket No. 070-001



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room
307

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joyce, Glenda; Joyce, Steven John
Application No.: 09/380,189 Group No.:
Filed: 08/26/99 Examiner:
For: COMBINED LIGHT SOURCE AND AIR PURIFIER

Assistant Commissioner for Patents
Washington, D.C. 20231

ATTENTION: Refund Section, Accounting Division, Office of Finance

REQUEST FOR REFUND
(37 C.F.R. 1.28(a))

I. SUBMISSION OF SMALL ENTITY STATEMENT

Attached are statements from each applicant claiming small entity status in this application.

II. REFUND REQUEST

This request for refund is made within two months of the date a fee was paid in this application, August 26, 1999, in the amount of \$ 1,230.

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JAN 27 2000 RECEIPT ACCOUNTING
DIVISION
TC 3700 MAIL ROOM
1999 NOV -2 PM 12: 54

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service
with sufficient postage as first class mail in an
envelope addressed to the Assistant
Commissioner for Patents, Washington, D.C.
20231.

Date: 10-25-99

FACSIMILE

transmitted by facsimile to the Patent and
Trademark Office.

Signature

Michael A. Flory

(type or print name of person certifying)

(Request for Refund—page 1 of 3)

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III. FEES PAID FOR WHICH REFUND REQUESTED AMOUNT OF REFUND REQUESTED

Filing fee: \$230.00

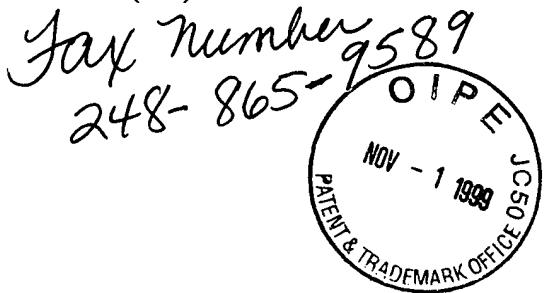
REFUND REQUESTED: \$ 615.00

IV. MANNER OF REFUND

Please make refund by refunding overpayment.

Date:

Reg. No. 33,483
Tel. No.: (248) 865-9588



SIGNATURE OF PRACTITIONER

John G. Chupa
Chupa & Alberti, P.C.
31313 Northwestern Hwy., Ste. 205
Farmington Hills, MI 48334

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ATTENTION **ATTENTION** **ATTENTION**

Date Processed:

PCT-SOLO



ACH Payment

09380189

Attached Is The Most Current ACH Information



Treasury Check

The Most Current ACH Information Was

Requested From This Customer With The Purpose Of

Processing His Refund Request By Electronic Fund

Transfer (EFT). No EFT Information Was Received.

Therefore, If Customer Is Due A Refund:

A Check Will Be Issued.



Credit To Deposit Account

This Request for Refund Will Be Processed By Crediting Deposit

Account Number _____, If Customer Is Due A Refund.

ATTENTION **ATTENTION** **ATTENTION**

Customer Refunds by Electronic Funds Transfer

Under provisions of the Debt Collection Improvement Act, effective January 2, 1999 refunds will be made by EFT (Electronic Funds Transfer). The legislation requires that the U. S. Patent and Trademark Office convert from paper-based payment methods, i.e., checks from the U. S. Treasury, to EFT. EFT refunds will only be available to those customers who maintain an account with a U. S. banking institution.

It is of great importance that your current banking information be provided in order to process your refund request. Accordingly, please fill out the attached Automated Clearing House form so that you may receive your refund, if granted, by EFT. The ACH form includes banking information necessary to process your EFT refund. This information appears on the magnetic strip encoded at the bottom of your check; accordingly, you may fax a copy of your current check (marked "Void") in lieu of filling out the ACH form. The ACH form/check copy must be faxed within 3 business days of this notification. Completed forms may be faxed to the Refund Unit at 703-308-6778.

If you are an individual, you may request an automatic waiver of the EFT requirement, by certifying to the Patent & Trademark Office, that payment by EFT would impose a hardship due to a physical or mental disability, or a geographic, language or literacy barrier, or would impose financial hardship. Waivers may also be faxed to the above fax number.

Please include the serial number and the amount to be refunded.

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

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PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 83-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

PAYEE/COMPANY INFORMATION	
NAME: Chupa & Alberti	SSN NO. OR TAXPAYER ID NO. Social Security No. or Employer Id No. 38-3243601
ADDRESS: 31313 Northwestern Highway Suite 205 Farmington Hills, MT 48334	TELEPHONE NUMBER: (248) 865-9588

FINANCIAL INSTITUTION INFORMATION	
Name of Bank: Franklin Bank	NINE-DIGIT ROUTING TRANSIT NUMBER: 272471836
DEPOSITOR ACCOUNT NUMBER: 055500270628	LOCKBOX NUMBER:
TYPE OF ACCOUNT: X CHECKING	<input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX

Serial No: 09/380,189
Refund Amount: \$615.00



Petitioner's Docket No. 070-001

CERTIFICATE OF MAILING
(37 C.F.R. 1.8(a))

In re application of: Joyce, Glenda; Joyce, Steven, John
Application No.: 09/380,189 Group No.: N/A
Filed: 08/26/99 Examiner: N/A
For: COMBINED LIGHT SOURCE AND AIR PURIFIER

Assistant Commissioner for Patents
Washington, D.C. 20231

I hereby certify that on the date shown below, each of the Applicant's statements claiming small entity status in this application are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 10-25-99



Michael A. Flory

For:
CHUPA & ALBERTI, P.C.
31313 Northwestern Hwy., Ste. 205
Farmington Hills, MI 48334
(248) 865-9588

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